

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90059 019 \*\*\*150.00

**DOCUMENT # 804942**

1. Entity Name  
**CAPITAL MARKETS ASSURANCE CORPORATION**



Principal Place of Business  
**113 KING STREET  
ATTN: BARBARA EDELMANN  
ARMONK, NY 10504**

Mailing Address  
**113 KING STREET  
ATTN: BARBARA EDELMANN  
ARMONK, NY 10504**

**40001808**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01032007 Chg-P CR2E034 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
**13-5165865**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete  
NAME **BROWN, JOSEPH**  
STREET ADDRESS **113 KING STREET**  
CITY-ST-ZIP **ARMONK, NY 10504**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MDT** ☐ Delete  
NAME **SEVELY, JOSEPH**  
STREET ADDRESS **113 KING STREET**  
CITY-ST-ZIP **ARMONK, NY 10504**

TITLE **Richard R. Thevenet** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MDG** ☐ Delete  
NAME **WERTHEIM, RAM D**  
STREET ADDRESS **113 KING STREET**  
CITY-ST-ZIP **ARMONK, NY 10504**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CEO** ☐ Delete  
NAME **DUNTON, GARY C**  
STREET ADDRESS **113 KING ST**  
CITY-ST-ZIP **ARMONK, NY 10504**

TITLE **Chairman + CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **BUDNICK, NEIL G**  
STREET ADDRESS **113 KING ST**  
CITY-ST-ZIP **ARMONK, NY 10504**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **EDELMANN, BARBARA B**  
STREET ADDRESS **113 KING ST**  
CITY-ST-ZIP **ARMONK, NY 10504**

TITLE **VP + Assistant Secretary** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara B Edelmann**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-07 914-765-3912**  
Date Daytime Phone #